



2011-2012 FOOD FOR LEARNING EMERGENCY FUNDING REQUEST

FAX (613) 968-1038

Email: kbrace@hpedsb.on.ca

School:	
Projected Annual Program Budget: Revenue Sept – June: Food for Learning \$ Parents \$ Fundraising \$ Other \$ Total projected revenue \$	Projected Expenses Sept – June \$ Profit (loss) \$
Amount Requested: \$	
Justification of request :	
How have you raised/attempted to secure support for your student nutrition programs outside of the funds you receive from Food for Learning?	
Principal's Signature:	Date:
Coordinator's Signature:	Date:
This form is to be forwarded by e-mail, fax or courier to the attention of Kellie Brace. A reply will be sent to you by email.	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Food for Learning Coordinator:	
Date:	
Request No.	Comments